

EXAMINER

ART. UNIT PAPER NUMBER

BEST AVAILABLE COPY

DATE MAILED:

NOTICE OF INSUFFICIENT FILING FEES

APPLICANT IS GIVEN 30 DAYS FROM THE DATE OF MAILING OF THIS NOTICE WITHIN WHICH TO SUBMIT THE BALANCE DUE. Extension of this 30 day period under 37 CFR 1.136(a) will not be permitted. Failure to respond within this period will result in the application becoming abandoned. 35 U.S.C. 133.

The filing fees submitted in connection with this application are insufficient. See the attached Patent Application Fee Determination Record (Form PTO-875). The balance due for additional claims and/or multiple dependent claims is summarized below:

☐ A. Filing Fees due upon filing the application

| | |
|----------------------------|----------------|
| Total Filing Fees Due | = \$ 1816 |
| Less Filing Fees Submitted | = \$ 760 + 130 |
| BALANCE DUE | = \$ 1116 |

☐ B. Fees due in connection with the amendment filed on _____

| | |
|---------------------|----------------|
| Total Fees Due | = \$ _____ |
| Less Fees Submitted | = \$ (_____) |
| BALANCE DUE | = \$ _____ |

ATTACHMENT: FORM PTO-875

Clerk of Group

APPLICANT: PLEASE COMPLETE THIS PORTION AND RETURN THIS NOTICE WITH PAYMENT

Fee submitted \$ _____

Signature _____

CERTIFICATE OF MAILING

I hereby certify that this notice and the required additional fee are being deposited with the U.S. POSTAL SERVICE as first class mail in an envelope addressed to:
Commissioner of Patents and Trademarks, Washington, D.C. 20231, on (date) _____

Print Name: _____

Signature: _____



Patent and Trademark Office
ASSISTANT SECRETARY OF
COMMISSIONER OF PATENT
Washington, D.C. 20231

NOTICE OF FILING/CLAIM FEE(S) L
TO ENSURE PROPER CREDIT OF FEES, PLEASE RETURN A C
FEE CALCULATION SHEET WITH YOUR RESPONSE

APPLICATION NUMBER: _____

BEST AVAILABLE

Total Fee Calculation

| Fee Code | Total # Claims | Number Extra | X | Fee | Fee = |
|-------------------------|-------------------|-----------------|------|------------|------------|
| Sm/Lg | | | | Sm. Entity | Lg. Entity |
| Basic Filing Fee | 201/101 | | | | 762 |
| Total Claims >20 | 203/103 | 82 - 20 = | 62 X | | 1114 |
| Independent Claims >3 | 202/102 | 1 - 3 = | X | | |
| Mult. Dep Claim Present | 204/104 | | | | |
| Surcharge | 205/105 | | | | 130 |
| English Translation | 139 | | | | |

TOTAL FEE CALCULATION

Fees due upon filing the application:

Total Filing Fees Due = \$ 2006

Less Filing Fees Submitted - \$ _____

BALANCE DUE = \$ 2006

Mrp
Office of Initial Patent Examination